



Michigan Association of **COMMUNITY MENTAL HEALTH** **Boards**

Written comments for the Senate Health Policy Committee **May 3, 2016**

Chairman Shirkey and Members of the Committee:

My name is Alan Bolter, Associate Director of the Michigan Association of Community Mental Health Boards. Our association represents the 46 community mental health boards, 10 Prepaid Inpatient Health Plans, and over 90 provider organizations that deliver mental health, substance use disorder, and developmental disabilities services in every community across this state.

Thank you for your interest in this important topic. While we certainly appreciate and applaud Rep. Leonard and Lt. Governor Calley's efforts addressing the front end issues regarding the current Kevin's law statute we do have several back end concerns this bill complicates and fails to address.

Below are our concerns related to changes in Kevin's law as proposed in HB 4674:

Lower threshold

Regarding the issue of the standards under which assisted outpatient treatment can be ordered, pg. 9, lines 25-27; pg. 10, lines 1-2; pg. 15 lines 2-9; pg. 15, lines 13-14; and pg. 15, line 7 appear to change the standards related to the basis of identifying a person requiring treatment who can be ordered into involuntary treatment. They replace behavior with lack of understanding, significant physical harm with harm, and add treatment adherence as a condition for court involvement. While some of these changes maybe subtle we believe it does allow for a lower threshold for individuals to qualify for care, which would increase utilization of assisted outpatient treatment and thereby increase court, law enforcement, and treatment costs.

Allows the court to order treatment without sign off

Regarding the continued need for clinical certificates to accompany assisted outpatient treatment orders, pg. 22, lines 10-15 appear to exempt the need for clinical certification for requests for assisted outpatient treatment only. This change would give courts the ability to order assisted outpatient treatment without any clinical certification. One of our concerns regarding this change would be individuals who are not able to access CMH services through the normal channels would now be able to access services via the court system. This is especially problematic for individuals that do not qualify for Medicaid or Healthy Michigan services because in many areas of the state there is a wait list for non-Medicaid services.

Potential fiscal impactions

It is difficult to gauge the statewide fiscal impact from HB 4674. Oakland County CMH is the only county that currently uses Kevin's law in its current form, only 80-90 cases per year. However, of those limited cases per year roughly 70% qualify for Medicaid or HMP, leaving 30% needing GF resources to provide services. It is important to point out that one of Oakland CMH's providers receives a grant to place a staff person in the courts to work specifically on assisted outpatient treatment issues, which allows for better coordination between the courts and CMH.

We appreciate the Lieutenant Governor's explanation of the intent of the legislative changes to get the "must serve" population into treatment sooner, thereby reducing the overall treatment costs and current court and law enforcement costs. However, the changes as identified above continue to concern us related to anticipate cost increases in the court, law enforcement, and treatment areas.

Finally, regarding the inclusion of "or other entity" on pg. 33, lines 15-16 and pg. 34, line 26, these are the sections related to CMHSP recommendations related to hospitalization or other forms of treatment. These do not represent who might actually provide the treatment, which would certainly include a number of other entities. We are concerned that in some jurisdictions, this language could be interpreted to provide for some other entity approaching the court recommending its own treatment with an implied expectation that if private funds were not available to support such treatment, the CMHSP/PIHP would be obligated.